

Emergency Department Case Report

U.S. Department of Health and Human Services • Substance Abuse and Mental Health Services Administration

1. Facility				
2. Date of Visit	3. Time of Visit _	4. Age		
MONTH DAY YEAR	HOUR MINUTE □ a.m. □ □ □ □ p.m.	-	☐ Less than 1 year	
	□ p.m.		☐ Not documented	
5. Patient's Home ZIP Code	6. Sex	6. Sex 7. Race/Ethnicity		
	☐ Male Select one or more:		or more:	
Otherwise salest and management	☐ Female☐ Not documented	☐ White	☐ White ☐ Black or African American	
Otherwise, select one response: \square No fixed address (e.g. homeless)	□ Not documented		☐ Hispanic or Latino	
☐ Institution (e.g. shelter/jail/hospital)		☐ Asian	·	
☐ Outside U.S.		☐ America	n Indian or Alaska Native	
☐ Not documented			lawaiian or Other Pacific Islander	
		☐ Not doc	umented	
8. Diagnosis List up to 4 diagnoses no	ted in the patient's chart. Do r	not list ICD codes.		
l.	, ,	3.		
2.		4.		
10. Substance(s) Involved Using avail that caused or contributed to the ED vis as possible (i.e., brand [trade] name pre	it. Record substances as specifi	ically Select C erred	One of the state o	
over chemical name, etc.). Do not recor	· · · · · · · · · · · · · · · · · · ·	Mark if confirmed by		
different names. Do not record current	medications unrelated to the v	toxicology test	1) 10 10 10 10 10 10 10 10 10 10 10 10 10	
Alcohol involved? 🗆 Yes 🗆 No/No	ot documented			
1				
2				
3				
4				
5				
6				
11. Type of Case	12. Disposition Select or	ne:		
Using the Decision Tree, select the first category that applies: ☐ Suicide attempt	Treated and released: Admitted to this hospital: Other disposition: □ Discharged home □ ICU/Critical care □ Transferred		•	
□ Seeking detox	☐ Referred to detox/			
☐ Alcohol only (age <21)	treatment	☐ Psychiatric unit	☐ Other	
Adverse reaction		\square Other inpatient unit	☐ Not documented	
☐ Overmedication ☐ Malicious poisoning ☐ Accidental ingestion	13. Comments Enter here any questions or issues you have about this case. Do not include information that could identify the patient.			
□ Other		, , , ,		

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DAWN is operated by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services, as required in Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4). DAWN is used to monitor trends in the adverse health consequences associated with drug use. Section 501(n) of the Public Health Service Act prohibits SAMHSA from using or disclosing DAWN data for any purpose other than that for which they were collected.

Public reporting burden for DAWN emergency departments is estimated at 77 minutes per case. This includes time for reviewing ED charts and completing case report and activity report forms. Send comments regarding burden to SAMHSA Reports clearance Officer, Paperwork Reduction Project 0930-0078, 1 Choke Cherry Road, Room 7-1044, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0078.